

THIRD PARTY INSPECTION REQUEST FORM

Request Form Must Be Approved Before Engaging In Third Party Inspection

Owner/Contractor: _____

Date of Request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____ Fax (required): _____

Indicate Building Trade(s) for which Third Party Inspections will be used:☐ Electrical ☐ Plumbing ☐ Mechanical (HVAC) ☐ Elevator ☐ Fire ☐ Construction

Third Party Agency: _____

DCRA Certification Number _____

Agent Name: _____

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____ Fax (required): _____

Indicate Type of Inspection:☐ Final ☐ Other _____ Date of Proposed Inspection _____

Permits Required _____

Has a DCRA Inspector from the trade indicated above previously conducted inspections at the site?☐ Yes ☐ No

If yes, please provide the name of the inspector and the date of last inspection _____

Are there any current or pending violations at the site? ☐ Yes ☐ No

I certify that the above statements on this application are true and complete to the best knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia Signature by a Third Party Inspection Agency as an agent indicates a contractual relationship between the agency and the building owner. I/We understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

Signature of Owner/Management Company Officer or _____
Signature of Agent_____
DateSigned request forms can be scanned and emailed to Ira.Neff@dc.gov or faxed to (202) 442-4860

or hand delivered to:

DCRA Third Party Inspections Program
1900 Massachusetts Avenue, SE, Washington DC 20019